

**DECLARATION  
and POWER OF ATTORNEY**

☒ ORIGINAL  
☐ CONTINUATION  
☐ DIVISIONAL

As a below named inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed as 1 below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **SYSTEMS AND METHODS FOR PROVIDING INSURANCE IN CONJUNCTION WITH A DATA PROTECTION SERVICE**, the specification of which is attached hereto unless the following box is checked:

☐ was filed on \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_.

My residence, post office address and citizenship are as stated below next to my name.

I acknowledge my duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations § 1.56(a). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN APPLICATION(S)**

COUNTRY	APPLICATION NUMBER	DATE OF FILING Month Day Year	PRIORITY CLAIMED UNDER 35 U.S.C. 119
---------	--------------------	----------------------------------	---

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)

(Filing Date)

(Status)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or Agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. ☒ Customer Number

000026021



26021

PATENT TRADEMARK OFFICE

Send correspondence to:

☒ Customer Number

000026021

Hogen & Harrison LLP.  
500 South Grand Avenue, Suite 1900  
Los Angeles, California 90071

**DIRECT TELEPHONE CALLS TO:**  
Michael L. Craspenhoff  
213-337-6700

(Please Print)

1	Name of Inventor John Paul Conn	Residence: CITY San Marino, California	STATE or COUNTRY USA
	Post Office Address 2305 Lorain Road, San Marino, CA 91108		CITIZENSHIP USA
2	Name of Inventor Thomas J. O'Brien	Residence: CITY Carlsbad, California	STATE or COUNTRY USA
	Post Office Address 1838 High Ridge Avenue, Carlsbad, CA 92008		CITIZENSHIP USA
3	Name of Inventor	Residence: CITY	STATE or COUNTRY
	Post Office Address		CITIZENSHIP
4	Name of Inventor	Residence: CITY	STATE or COUNTRY
	Post Office Address		CITIZENSHIP

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 1 <i>John Paul Conn</i>	SIGNATURE OF INVENTOR 2
DATE 2-3-04	DATE
SIGNATURE OF INVENTOR 3	SIGNATURE OF INVENTOR 4
DATE	DATE

**BEST AVAILABLE COPY**

PATENT (U.S.A.)  
ATTORNEY'S DOCKET NO.  
89178.0002

**DECLARATION  
and POWER OF ATTORNEY**

☒ ORIGINAL  
☐ CONTINUATION  
☐ DIVISIONAL

As a below named inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed as 1 below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  
**SYSTEMS AND METHODS FOR PROVIDING INSURANCE IN CONJUNCTION WITH A DATA PROTECTION SERVICE,**  
the specification of which is attached hereto unless the following box is checked:

☐ was filed on \_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_.

My residence, post office address and citizenship are as stated below next to my name.

I acknowledge my duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations § 1.56(a). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN APPLICATION(S)**

COUNTRY	APPLICATION NUMBER	DATE OF FILING Month Day Year	PRIORITY CLAIMED UNDER 35 U.S.C. 119
---------	--------------------	----------------------------------	---

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)

(Filing Date)

(Status)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or Agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. ☒ Customer Number **000026021** →



26021

PATENT TRADEMARK OFFICE

Send correspondence to:

☒ Customer Number **000026021**

Hogan & Hartson LLP  
500 South Grand Avenue, Suite 1900  
Los Angeles, California 90071

**DIRECT TELEPHONE CALLS TO:**  
Michael L. Crapenhoft  
213-337-6700

(Please Print)

1	Name of Inventor	Residence: CITY	STATE or COUNTRY
	John Paul Conn	San Marino, California	USA
	Post Office Address	CITIZENSHIP	
	2305 Lorain Road, San Marino, CA 91108	USA	
2	Name of Inventor	Residence: CITY	STATE or COUNTRY
	Thomas J. O'Brien	Carlsbad, California	USA
	Post Office Address	CITIZENSHIP	
	1836 High Ridge Avenue, Carlsbad, CA 92008	USA	
3	Name of Inventor	Residence: CITY	STATE or COUNTRY
	Post Office Address	CITIZENSHIP	
4	Name of Inventor	Residence: CITY	STATE or COUNTRY
	Post Office Address	CITIZENSHIP	

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 1	SIGNATURE OF INVENTOR 2
DATE	DATE 02/14/04
SIGNATURE OF INVENTOR 3	SIGNATURE OF INVENTOR 4
DATE	DATE